BEDFORD RECREATION KIDS' CLUB AUTHORIZATION & CONSENT FOR CHILD TO LEAVE THE PROGRAM • 2022-2023 (MUST BE AGE 9 OR OLDER)

I,		hereb	y authorize my child			
I,hereby (Parent/Guardian Name - PRINT)				(Child's Name - PRINT)		
to leave the KIDS' CLUB program at (check one):			12 Mudge Way	Lane School		
on (check days):	Mon _	Tues	Wed	Thurs	Fri	
at	by		toto		,	
(time of departure)	(method of transpor	tation)	(destination and	/or address)	
This permission is in	effect from	(month/day/year) to (ma	onth/day/year)	·	
			, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Please check and c	omplete one of t	he following:				
My child W	TLL return to KI	DS' CLUB at	turn time) by	(method of transp	ortation)	
My child W	TLL NOT return	to KIDS' CLUB				
 I understand that warrants such lir 		the right to rescir	nd this authorization as	described above i	f my child's behavior	
> I recognize that	my child will not	be supervised by	Kids' Club staff while	s/he is away from	the program.	
•	•	e s/he leaves the p	•			
> I am in agreemen	nt with this Author	orization & Conse	nt form, as indicated by	y my signature be	low:	
				_		
Parent/Guardian S	Signature:			Date:	·	
To be filled out by the	ie child (age 9 or	older only):				
I,		, under	rstand the permission I h	ave received to lea	ave the program is a	
,	,				ectations of my ability to	
			vay from KIDS' CLUB.		cutions of my domity to	
By signing this contr						
	check with a staff t/in on the proper	f person before I le	ave the program.			
		n(s) agreed to by m	y parent/guardian.			
I will inform	T 111 C					
			le I am away from Kids'			
			esignated by my parent/g			
If I am going and why I an		ie, i wiii can Kius	Club (781-275-5427) a	iid iiiioiiii tileiii wi	nen i win de returning	
		isted by my parent	guardian on this Author	rization & Consent	form.	
I understand that if I deleave the program ma				strate responsible b	ehavior, my privilege to	
				Date:		
Administrative/Staff:						
Received by:				Date Received:		